

Message

From: Brian Swiencinski [brianski9966@gmail.com]
Sent: 11/30/2015 2:07:31 PM
To: Brad Madrid [brad.madrid@pharmsmgmt.com]
Subject: Fwd: Rx from Buck

Begin forwarded message:

From: Jim <jimb565656@gmail.com>
Subject: Rx from Buck
Date: November 24, 2015 at 8:26:19 AM CST
To: Brian Swiencinski <brianski9966@gmail.com>

Brian,

Here's another. Addresses are the same. Should have at least one more today. Let me know how they run. Also, call me today when you get info on Waltons' call from the pharmacy yesterday. They were asking about co pay from Sep 2014. I would have to think by September 2014, his max annual copay for his plan would have been met.

Thanks,

Buck

Patrick J Cotter

[REDACTED]
DOB [REDACTED]

Casey J Cotter

DOB [REDACTED]

Callie M Cotter

DOB [REDACTED]

GOVERNMENT
EXHIBIT
1101
4:18-CR-368


DOJ-SMUBSSB-0000237957
DOJ-SMUBSSB-0000237957-1

GX1101.001

JOHN R. KASICH, GOVERNOR
Mike Rankin, Registrar, BMV

1896UG76830340000


01-22-1970



USA

COMMERCIAL LICENSE

Class
A


Ohio

1 COTTER
2 PATRICK J
3 18208 PONCIANA AVE
4 CLEVELAND, OH 44135

4d LICENSE NO
RT606954

3 BIRTHDATE
01-22-1970

4a ISSUE DATE
01-21-2014

9 CLASS 4b EXPIRES
A 01-22-2018


9a ENDORS
A

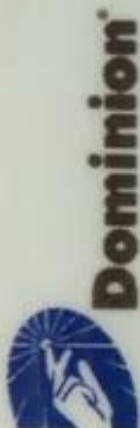
12 RESTR
A

15 Sex: M 16 Ht: 5-07 17 Wt: 185

18 Eyes: BLU 19 Hair: BRO

ORGAN
DONOR





PATRICK J COTTER

**Identification Number
IDJAN3628285**

Group:

009230018

Option D

Plan Codes:

834/332

Office Visit

Specialist

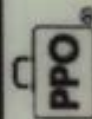
MH/SA

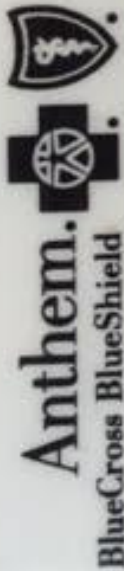
\$15

\$25

\$15

Issue Date: 12/10/2013





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Member Services 1-800-348-1966
24/7 NurseLine 1-877-875-9095
Pre Certification 1-800-348-1966
High Tech Image/Sleep Mgmt 1-888-953-6703
Coverage While Traveling 1-800-810-2583
Provider Services 1-800-676-2583

Providers: If Medicare is primary,
pre certification is not required.

Please file medical claims with the Blue
Cross and Blue Shield plan in the state
where the services are rendered.
If Medicare is primary, file claims to
Medicare.

View provider listings, benefits, claims,
and health and wellness information
24 hours a day 7 days a week by
visiting anthem.com.

Possession of this card does not
guarantee eligibility for benefits.

Anthem Blue Cross and Blue Shield is the trade name of
Anthem Health Plans of Virginia, Inc. An independent
licensee of the Blue Cross Blue Shield Association.
Anthem Health Plans of Virginia provide administrative
claims payment services only and do not assume any
financial risk or obligation with respect to claims.

Members:

- This card must be presented at a participating pharmacy when purchasing prescription drugs.
- To locate a participating pharmacy, or more information about your prescription benefit plan call Member Services at (866) 282-0547.

Pharmacists: Submit claims via the TelePAID™ System only for the person for whom the prescription was written. Dispense preferred cobranded and generic drug products where applicable in accordance with prevailing pharmacy laws and regulations. For more information, contact the Pharmacist Resource Center at www.express-scripts.com/rph.